

Summary Report For SUPPLEMENTAL EDUCATIONAL SERVICES 2009-2010

DISTRICT CONTACT INFORMATION

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|--------------------------------|--|
| District | Picayune School District |
| Federal Programs Coordinator | Frank McCardle |
| Address | 706 Goodyear Blvd. |
| City | Picayune |
| State | Mississippi |
| Phone | 601-798-3230 |
| Fax | 301-749-5973 |
| Email | fmccardle@pcu.k12.ms.us |
| SES Coordinator (if different) | |
| Phone | |

SCHOOL CONTACT INFORMATION

| | |
|---------------------|-----------------------------|
| School | Picayune Junior High School |
| Year of Improvement | Year 1 |
| Principal | James Williams |
| Address | 702 Goodyear Blvd. |
| City | Picayune |
| State | Mississippi |
| Zip Code | 39466 |
| Phone | 601-798-5449 |

1. Indicate if the district made available Supplemental Educational Services (SES) to eligible students?

Yes

No

If no, explain.

Picayune School District has only one school in improvement. Picayune Junior High School is in Improvement Year 1. Supplemental educational services were not offered to students during the 2009-2010 school year.

2. Indicate the time(s) in which the district chose to provide SES to their students. Choose all that apply.

1st Semester (Oct. – Dec.)

Both semesters (Oct. – May)

2nd Semester (Jan. – May)

Summer (June – July)

3. Indicate the method(s) used to inform parents of their child’s eligibility for SES? Choose all that apply.

Letter

Parent Meeting

Vendor Fair

Press

Flyers

School Website

Other (indicate): _____

4. Indicate if the district held two enrollment windows or allowed enrollment throughout the year?

Yes

No

If no, explain.

5. How did parents communicate their choice of a SES provider to the school district? Choose all that apply.

Submission of selection form to the school

Submission of selection form to the provider

Other (indicate): _____

11. List the provider(s) in which the district was unable to develop an agreement with on the provision of services. Give an explanation as to why an agreement was unable to be reached.

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| Name of the Provider | |
| Explanation for not reaching an agreement: | |

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12. List the provider(s) chosen by parents in which the district contracted with to render services. Provide information on the terms of the contract and the individual services rendered to students.

| | | |
|---|--------------------------|-------------|
| Name of the Provider | | |
| Dates in which services will be provided | | |
| Number of students enrolled | | |
| Cost for services per hour | | |
| Location of Services | | |
| | | |
| | | |
| Day(s) and Time(s) of services <i>Place an X in the box next to the day(s) in which services are provided.</i> | DAY | TIME |
| | <input type="checkbox"/> | Monday |
| | <input type="checkbox"/> | Tuesday |
| | <input type="checkbox"/> | Wednesday |
| | <input type="checkbox"/> | Thursday |
| | <input type="checkbox"/> | Friday |
| | <input type="checkbox"/> | Saturday |

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